

THE CITY OF KEY WEST

P.O. BOX 1409 KEY WEST, FL 33041-1409

WIND-BORNE DEBRIS PROTECTION AFFIDAVIT

Date	
Permit #:	
Property Address:	
impact glass or have openings provided with involved is located in a Wind-borne Debris Zor require this protection but have elected not to understand that before a final inspection may provided. If the required window protection is no	es replacement windows in a Wind-borne Debris Zone be wind-borne debris protection. I recognize the structure ne. I am in the process of having windows replaced which have the required protection installed by my contractor. It is approved, the required window protection must be not provided it will be a violation of State law and the City of the nent action which may result in fines beings made against
I agree to have the required window protection	
	(Date)
I will be using the following material to provide t A Plywood per the Florida Building Code B Other approved method	
(Signature of Property Owner) (Date)	
(Print Name)	
STATE OF FLORIDA COUNTY OF MONROE	
The foregoing instrument was acknowledged be	efore me thisday of, 20, by(name of person acknowledging).
Signature of Notary Public – State of Florida	
Personally known OR Produced Identif	ication Type of Identification